DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2013 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150166		(X2) M A. BUII B. WIN	LDING G	ONSTRUCTION 00	(X3) DATE COMPL 01/10	LETED
	NAME OF PROVIDER OR SUPPLIER PINNACLE HOSPITAL			9301 C	ADDRESS, CITY, STATE, ZIP CODE ONNECTICUT DR N POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
A0000	complaint investigation of Complaint Num IN00118590 Substantiated: IDate: 1/10/13	Deficiencies cited. r: 006619 ueline Brown, R.N. furse Surveyor	A00	000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

006619

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	a. Building 00			COMPLETED	
		150166	B. WIN			01/10/	2013
			B. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER						
DININIACI	LE HOSPITAL		9301 CONNECTICUT DR CROWN POINT, IN 46307				
PIINNACL				CROW	N POINT, IN 46307		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
A0309	group or individual authority and responsibility for implementing, metadministrative office accountable for eaccountable for ensure that the Quotified of potentiallegations at the were made in ordified of potentiallegations at the were made in ordification up and in Findings: 1. Policy No.: Questional Compartment Scoperevised/reapprover on 1/10/13 at apparent indicated on A. 1, under Orgonal Structure sections "Quality/Risk Munctions under the Director of Quality is responsible for the department are responsibility for implementing, metaged in the section of the department are responsibility for implementing, metaged in the department are sections.	verning body (or organized al who assumes full legal consibility for operations of dical staff, and icials are responsible and insuring the following: and procedure review ew, the facility failed to quality/Risk Director was tial risk to patient safety etime the allegations der to conduct timely vestigation. QA titled, "Quality Mgmt pe of Care", red 5/2012, was reviewed proximately 10:40 AM	A03	309	The hospital hired a new Quali Risk Manager that has been for oriented regarding her responsibilities under the applicable policies. The Manahas been fully integrated into operation of the Hospital and is engaged in her role. To ensur that all personal understand the role of the Quality Risk Manager the Hospital will hold a general staff meeting for all personal or or before March 12, 2013 regarding this issue. By way further response, the Hospital notes following: Finding 2A: The allegation regarding the surgicated witnessing an an anesthesiologist putting Proposin his pocket was reported to the COO of the Hospital (who was temporarily serving as the Quarkisk Manager while the new Manager was trained) who reported it to the Medical Advisor Committee and Hospital counsel. The surgical tech was interviewed by the COO and Hospital counsel who denied making the accusation and refused to cooperate. In addition, the anesthesiologist denied to the CEO that he	ger s e e e r l n f ne al the s allity	03/13/2013

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00		COMPLETED
		150166	A. BUILDING B. WING		01/10/2013
		1		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF I	PROVIDER OR SUPPLIE	R		CONNECTICUT DR	
PINNACLE HOSPITAL			/N POINT, IN 46307		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	5.112
	B. 3, under Sc	ope of Care/Activities		pocketed the propofol. During	-
	includes, but no	t limited to section:		survey, the anesthesiologist v	l l
	Patient Safety, p	prevention of medical		questioned by the surveyor at conceded that he did in fact	na
		an actually/potentially		pocket the propofol. The Qua	ality
		injury/harm through an		Risk Manager was notified of	-
	_	t encourages: recognition		admission and she has referre	
		gement of risks to patient		the matter to the Peer Review	
	_	-		Committee which will conside	
	<u>-</u>	cal/health care errors;		what action should be taken a	
		ons to reduce these risks;		meeting on March 13, 2013. Quality Risk Manager, and	THE
	internal reporting of what has been found and the actions taken." C. 3 & 4, under Quality/Performance			Manager of Surgical Services	will
				hold a meeting with the	
				anesthesia department staff of	on or
	Improvement: a	nn overall assessment of		before March 12, 2013 to disc	l l
	the efficiency ar	nd/or effectiveness of		the Policies relating to the pro	•
	performance act	ivities and/or		handling of drugs and the need report and cooperate with the	
	careIdentifyin	g problems/reasons for		Hospital Administration when	l l
	_	achieve external and		investigates these type of	
		er satisfaction, improving		incidents In addition,	
		formance or achieving		the anesthesiologists will be	
		analyzing root cause of		inserviced on the proper documentation for intraoperat	ivo l
		ems/opportunities for		medication useage of rate and	l l
	improvement an			dose. In addition, the	-
	_	s to reduce or eliminate		Pharmacist had begun review	-
		auses and improve		charts on surgical patients for	
		*		proper use and documentatio	l l
		and follow-up of unusual		anesthesia (Propofol) on a d basis to confirm that the	lally
		olving patients and		applicable policies are being	
	· · · · · · · · · · · · · · · · · · ·	on, minimization and/or		followed. The Pharmacist will	
	_	posure to risk and/or		cease daily review when she	
	litigations."			determines that the policies a	
				being followed and she will do Quarterly Review of 30 charts	
	2. Personnel P6 was interviewed on			determine they they properly) iii
	1/10/13 at appro	eximately 10:06 AM and		reflect use and documentation	n of
	confirmed:			anesthesia (Propofol). The	
	A. an allegation	on was made by a surgical		Hospital has formed an	

f i			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLE	
		150166	B. WIN	G		01/10/2	2013
	NAME OF PROVIDER OR SUPPLIER PINNACLE HOSPITAL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307			
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	COMPLETION DATE
	pocket prior to a B. another alle nurse that this sa the facility while recovery room a nurse terminated allegation was re this nurse on 1/8 C. the Quality/ made aware of e and although the in training/orient been made aware required by facil 3. Personnel P3 1/10/13 at appro-	putting Propofol in their surgical procedure. gation was made by a me anesthesiologist left e patients were still in the and threatened to have this if they reported it. This received via email from /13. Risk Director was not either of these allegations by were recently hired and reation, he/she should have be of these allegations as ity policy and procedure. was interviewed on eximately 9:32 AM and the ewere not made aware of			Anesthesia Committee which a review along with the Qualtiy Council the results of the audit done by the Pharmacist on a Quarterly basis. Finding 2B: Post Anesthesia nurse reporte to the surgical manager during department meeting that a physician left the facility while patients were still in recovery room and threatened to have to nurse terminated if they report it. This incident occured on December 29, 2012, and was reported to the surgical manager on January 8, 2013. The manager notified the COO by email and the COO instructed manager to request an incident report from the nurse, which we provided on January 13, 2013. The Quality Manager received report on January 11, 2013 at 12:30. The matter was discuss with the Medical Staff Presider who referred it to the Peer Review Committee to consider its March 13, 2013 meeting. In addition, the Quality Risk Manager will hold a meeting we thre anesthesia department regarding the applicable policie relating to the presence of an anesthesiologist in the surgical areal and the requirement that Hospital staff report deviations from those policies as soon as possible.	s The d a his ed the t as the sed ht ith	

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIII	LDING	00	COMPLETED	
		150166	B. WIN			01/10/	2013
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER				ONNECTICUT DR		
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(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
A0500	biologicals must be distributed in access standards of prace Federal and State Based on policy medical record reinterview, the fact written policies a appropriate control of drugs according procedure for 3 of closed patient medical record reinterview. The fact written policies a appropriate control of drugs according procedure for 3 of closed patient medication Stores. 1. Policy No.: For "Medication Stores" approximately 10 on pg. 1, under Foolicy of [facility be stored in a saft applicable laws a regards to drug stores approximately 10 on pgs. 6 & 7, un and Procedures stored in a procedure stores.	e patient safety, drugs and be controlled and bordance with applicable stice, consistent with e law. and procedure review, eview, and staff cility failed to implement and procedures for the rol, use, and monitoring ang to policy and of 5 (N2, N4, and N5) edical records reviewed.	A05	500	Effective 2/15/13 the Hospital implemented a new Drug Utilization Review policy to monitor and enforce compliance with Hospital policies for control use and monitoring of drugs. Policy requires a quality monitor to monitor appropriate control, use, and monitoring of drugs. The medical records will be reviewed in accordance with the Drug Utilization Review Policy. The medical records regarding Propofol will be reviewed daily determine compliance for until such time as the records proped document the required information (including dosage and rate). 30 records or more will be reviewed quarterly for compliance and reported to the Anethesia Committee. The Hospital is holding a mandator meeting no later than March 15 with anesthesiologists to review the Hospitals Policies regardind drug control, use and monitoring including the following. Policies Tearding the following. Policies Pharatter and March 15 with anesthesia Care Protocol. 3. New Drug Utilization Review Policy. The Hospital is forming an Anesthesia Committee of the medical staff on or before Maratter and policy.	ol, The or ne to lerly g ng cy ion cled:	03/13/2013

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THE TERM	or condition	150166		LDING		01/10/2013	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER				ONNECTICUT DR		
PINNACL	LE HOSPITAL		CROWN POINT, IN 46307				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)	DATE	
		pperation where he is in		13, 2013, that will meet quarterly to review Drug Utilization Review			
		e approved anesthesia		and related matters. In regards to			
		hesiologist is responsible			the specific issue of Propofol,		
	_	of all events taking place			and total dose documented, w be reviewed daily by the	ill	
	_	tion, maintenance of, and			Pharmacist to ascertain		
	_	anesthesia, including tion of all anesthetic			compliance is achieved.		
	~	gs, and intravenous			Pharmacist will determine if ar	ny	
	fluids."	igs, and intravenous			deficiences are noted in the process. This information will	he	
	iiuius.				reported to the Anesthesia		
	3 Review of clo	sed natient medical			Committee and to Quality Cou	ncil	
	3. Review of closed patient medical records on 1/10/13 at approximately				Committee.		
	11:00 AM, indic	* *					
	11.00 7111, maic	ated patient.					
	A. N2:						
	a. had a surgi	cal procedure performed					
	on 10/18/12, und	ler general anesthesia					
	starting at 06:54	AM.					
	b. per Omnice	ell Automated					
	Medication Disp	ensing Report dated					
	10/18/12, the fol	lowing was removed by					
	D1 for N2 at:						
	i. 6:58 AM,	one 100 ml vial of					
	propofol 10 mg/						
	· ·	one 50 ml vial of					
	propofol 10 mg/						
	_	esia Record dated					
	10/18/12:						
	i. D1 was lis						
	anesthesiologist.						
		imately 07:00 AM, 140					
		vas administered.					
		ocumentation of rate and					
	total dosage amo	ount of propofol					

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	PROVIDER OR SUPPLIER LE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE COMPLETION			
	administered during the surgical procedure						
	B. N3: a. had a surgical procedure performed on 10/17/12, under monitored anesthesia care (with sedation) starting at 11:09 AM. b. per Omnicell Automated Medication Dispensing Report dated 10/17/12, the following was removed by D1 for N3 at 11:12 AM, one 50 ml vial of propofol 10 mg/1 ml. c. per Anesthesia Record dated 10/17/12: i. D1 was listed as the anesthesiologist. ii. no propofol was administered during the surgical procedure.						
	C. N4: a. had a surgical procedure performed on 10/17/12, under monitored anesthesia care (with sedation) starting at 11:29 AM. b. per Omnicell Automated Medication Dispensing Report dated 10/17/12, the following was removed by D1 for N4 at 11:47 AM, one 20 ml vial of propofol 10 mg/1 ml. c. per Anesthesia Record dated 10/17/12: i. D1 was listed as the anesthesiologist. ii. at approximately 11:30 AM, 60 mg of propofol was administered.						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION 00	COM	(X3) DATE SURVEY COMPLETED		
		150166	B. WING		— O1/	10/2013	
	PROVIDER OR SUPPLIER LE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	iii. lacked do total dosage amo administered dur procedure	* *					
	on 10/17/12, und care (with sedating b. per Omnicon Medication Disp 10/17/12, the fold D1 for N5 at 11: propofol 10 mg/c. per Anesth 10/17/12: i. D1 was list anesthesiologist. ii. at approx of propofol was	lensing Report dated lowing was removed by 47 AM, one 50 ml vial of 1 ml. esia Record dated sted as the imately 12:00 PM, 60 mg administered. becomentation of rate and ount of propofol					
	removed from the Medication Dispute the same time by anesthesiologist, procedures started therefore, the medication was stored some						

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150166	(X2) MU A. BUIL B. WINC	DING	NSTRUCTION 00	(X3) DATE : COMPL 01/10/	ETED	
	PROVIDER OR SUPPLIER LE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIODEFICIENCY)	ATE	(X5) COMPLETION DATE	
	11:29 AM, proposition approximately 1 removed from the AM. And, patient administered but Omnicell. 5. Medical Staff	s anesthesia started at ofol was administered at 1:30 AM, but it was not e Omnicell until 11:47 at N3 had no propofol it was removed from the						
	Clinical Officer confirmed, [anes Propofol prior to that day for color these vials into o during each patient them secure. Fac procedure is not to drug storage a documentation of	0:22 AM, with Chief present and listening and thesiologists] remove the surgical procedures on noscopies and we do put our pockets to be used ent's procedure to keep						

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		150166	B. WING		01/10/2013
	PROVIDER OR SUPPLIE	R	9301	T ADDRESS, CITY, STATE, ZIP CODE CONNECTICUT DR WN POINT, IN 46307	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
A1004	EVALUATION [The policies mu are provided for An intraoperativ Based on policy medical record of the facility faile monitoring relate rate and total do agents according for 3 of 5 (N2, N medical records Findings: 1. Policy No.: Care Protocol", 5/2012, was rev approximately 1 on pgs. 6 & 7, u and Procedures anesthesiologist record for each of attendance on the form. The Anes for the recording during the induce mergence from dosage and dura	e anesthesia record. and procedure review, review and staff interview, d to ensure intra-operative ted to documentation of esage amount of anesthetic g to policy and procedure N4, and N5) closed patient	A1004	Effective 2/15/13 the Hospital implemented a new Drug Utilization Review policy to monitor and enforce compliar with Hospital policies for contuse and monitoring of drugs. policy requires a quality monito monitor appropriate control use, and monitoring of drugs. The medical records will be reviewed in accordance with Drug Utlization Review Policy The medical records regardin Propofol will be reviewed daily determine compliance for unsuch time as the records propodocument the required information (including dosage and rate). 30 records or mor will be reviewed quarterly for compliacne and reported to the Anethesia Committee. Thospital is holding a mandate meeting no later than March with the anesthesiologists to review the Hospitals Policies regarding drug control, use an monitoring including the following. 1. Policy No PHAF titled: Medication Storage."2 Policy No: A-11 titled: "Anesth Care and Protocol."3. New Dutilization Review Policy. The Hospital is forming an Anesth Committee of the medical star	cce rol, The cor , he . g y to iil eerly e e he ry 2 hd R470 . hesia rug e esia

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00 COMPLET			TED	
		150166	B. WING 01/10/2013			2013	
			B. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	t e e e e e e e e e e e e e e e e e e e					
PΙΝΝΔCΙ	LE HOSPITAL		9301 CONNECTICUT DR CROWN POINT, IN 46307				
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG		LSC IDENTIFYING INFORMATION)		TAG	·		DATE
		osed patient medical			or before March 12, 2013, that will meet quarterly to review D		
	records on 1/10/	13 at approximately			Utilization Review and related	lug	
	11:00 AM, indic	ated patient:			matters. In regards to the spec	eific	
					issue of Propofol, rate and total		
	A. N2 had a su	rgical procedure			dose documented, will bre		
		/18/12, under general			reviewed daily by the Pharmad	cist	
	_	t approximately 07:00			to ascertain compliance is		
		propofol (10 mg/1 ml)			achieved. Pharmacist will	_	
	' ' '	d, and continued via drip			determine if any deficiences an noted in the process. This	6	
		•			information will be reported to	the	
	0 0	d 7:30 AM. This drip is			Anesthesia Committee and to		
		across the form			Quality Counsil Committee.		
	until approximat	ely 09:00 AM. The					
	Anesthesia Reco	rd lacked documentation					
	of rate and total	dosage amount of					
	propofol adminis	stered during the surgical					
	procedure.	0					
	1						
	B N4 had a su	rgical procedure					
		/17/12, under monitored					
	,	with sedation) and at					
		1:30 AM, 60 mg of					
		/1 ml) was administered,					
		a drip beginning around					
	11:30 AM. This	drip is documented as					
	across	the form until					
	approximately 1	1:52 AM. The Anesthesia					
	Record lacked de	ocumentation of rate and					
	total dosage amo	ount of propofol					
	administered dur						
	procedure.	me bargiour					
	procedure.						
	C N51 1						
		rgical procedure					
	_	/17/12, under monitored					
	anesthesia care (with sedation) and at					

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	of Correction identification number: 150166	(X2) MULTIPLE CO A. BUILDING B. WING	00	COMPLETED 01/10/2013				
	PROVIDER OR SUPPLIER LE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE				
	approximately 12:00 PM, 60 mg of propofol (10 mg/1 ml) was administered, and continued via drip beginning around 12:00 PM. This drip is documented as							

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PRINTED: 03/04/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DINC	00	COMPLETED	
		150166	B. WIN			01/10/	2013
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	t e e e e e e e e e e e e e e e e e e e			ONNECTICUT DR		
PINNACL	E HOSPITAL		CROWN POINT, IN 46307				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
S0000							
	This visit was for investigation of a State		S00	00			
	hospital complai	nt.					
	Complaint Numb	her					
	IN00118590						
		Deficiencies cited.					
	Substantiated. L	Deficiencies cited.					
	Date: 1/10/13						
	Facility Number	: 006619					
	Surveyor: Jacqu Public Health Nu	ueline Brown, R.N. urse Surveyor					
	QA: claugfhlin	02/11/13					

State Form Event ID: BHMC11 Facility ID: If continuation sheet Page 13 of 25

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150166		(X2) MU A. BUIL B. WING	DING	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/10/2013		
	PROVIDER OR SUPPLIER LE HOSPITAL		Ī	9301 C	ADDRESS, CITY, STATE, ZIP CODE ONNECTICUT DR N POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
S0406	improvement proof the hospital particle program shall be written plan of imevaluates, but is following: (1) All services, infurnished by a compart of passed on policy and staff intervice ensure that committee in the compart of potential legations at the were made in ordical following: 1. Policy No.: Of Department Scorevised/reapprovices on 1/10/13 at appart and indicated on A. 1, under Or Structure section "Quality/Risk Moderates."	(a)(1) shall have an ed, hospital-wide, uality assessment and gram in which all areas ricipate. The ongoing and have a plementation that not limited to, the encluding services ntractor. and procedure review ew, the facility failed to munication was notify the Quality/Risk ential risk to patient safety et time the allegations der to conduct timely extigation. QA titled, "Quality Mgmt pe of Care", red 5/2012, was reviewed proximately 10:40 AM	S040	96	The hospital hired a new Quali Risk Manager that has been for oriented regarding her responsibilities under the applicable policies. The Mana has been fully integrated into operation of the Hospital and is engaged in her role. To ensur that all personnel understand to role of the Quality Risk Manage the Hospital will hold a genera staff meeting for all personnel or before March 13, 2013 regarding this issue. By way of further response, the Hospital notes following: Finding 2A: Tallegation regarding the surgicatech witnessing an anesthesiologist putting Proposin his pocket was reported to to COO of the Hospital (who was temporarily serving as the Quarkisk Manager while the new Manager was trained) who reported it to the Medical Direct	ully ger sethe the on he al	03/13/2013

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 14 of 25

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		f '			X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETEI	
		150166	B. WIN			01/10/201	3
NAMEOUR	DOMDED OF GUIDNI 155			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			9301 C	ONNECTICUT DR		
	E HOSPITAL			1	N POINT, IN 46307		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		MPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG			DATE
	•	ity/Risk Management.			the Chairman of the Medical	tal	
	The Director, Qu	ality/Risk Management,			Advisor Committee and Hospital counsel. The surgical tech was		
	is responsible for the daily operations of the department and has the authority and responsibility for all aspects of planning,				interviewed by the COO and		
					Hospital counsel who denied		
					making the accusation and		
	_	nonitoring and evaluating			refused to cooperate. In		
		care delivered by the			addition, the anesthesiologist		
	department."	care derivered by the			denied to the CEO that he	tho	
	•	one of Caro/Activities			pocketed the propofol. During survey, the anesthesiologist w		
B. 3, under Scope of Care/Activities includes, but not limited to section:					questioned by the surveyor an		
					conceded that he did in fact		
	Patient Safety, prevention of medical				pocket the propofol. The Qua	lity	
		n actually/potentially			Risk Manager was notified of		
	result in patient i	injury/harm through an			admission and she has referre	d	
	environment that	t encourages: recognition			the matter to the Peer Review		
	and acknowledge	ement of risks to patient			Committee which will consider what action should be taken a		
	_	cal/health care errors;			meeting on March 13, 2013.		
		ons to reduce these risks;			Quality Risk Manager, and		
		g of what has been found			Manager of Surgical Services	will	
	and the actions to	-			hold a meeting with the		
					anesthesia department staff o		
		r Quality/Performance			before March 12, 2013 to disc		
	-	n overall assessment of			the Policies relating to the pro handling of drugs and the nee		
		d/or effectiveness of			report and cooperate with the	u 10	
	performance acti				Hospital Administration when	t I	
	careIdentifying	g problems/reasons for			investigates these type of		
	improvement to	achieve external and			incidents In addition,		
	internal custome	r satisfaction, improving			the anesthesiologists will be		
		formance or achieving			inserviced on the proper		
	-	nalyzing root cause of			documentation for intraoperati medication useage of rate and		
					dose. In addition, the		
	identified problems/opportunities for improvement and implementing countermeasures to reduce or eliminate				Pharmacist had begun review	ng	
					charts on surgical patients for		
					proper use and documentation		
identified root causes and improve				anesthesia (Propofol) on a da	aily		
	carereporting and follow-up of unusual				basis to confirm that the		
	occurrences invo	olving patients and			applicable policies are being		

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED	
		150166	B. WIN			01/10/	2013
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	8			ONNECTICUT DR		
PINNACI	E HOSPITAL				N POINT, IN 46307		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΤE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG			DATE
	· ·	on, minimization and/or			followed. The Pharmacist will		
	prevention of exposure to risk and/or				cease daily review when she determines that the policies are	_	
	litigations."				being followed and she will do		
	-				Quarterly Review of 30 charts		
	2 Personnel P6	was interviewed on			determine they they properly		
		ximately 10:06 AM and			reflect use and documentation	of	
	* *	Annatory 10.00 Aivi and			anesthesia (Propofol). The		
	confirmed:				Hospital has formed an		
	_	n was made by a surgical			Anesthesia Committee which w	vill	
	tech that they wi	tnessed an			review along with the Qualtiy		
	anesthesiologist	putting Propofol in their			Council the results of the audit	S	
	pocket prior to a	surgical procedure.			done by the Pharmacist on a Quarterly basis. Finding 2B:	Γho	
		gation was made by a			Post Anesthesia nurse reporte		
		me anesthesiologist left			to the surgical manager during		
		•			department meeting that a	ű	
		e patients were still in the			physician left the facility while		
	1	nd threatened to have this			patients were still in recovery		
	nurse terminated	l if they reported it. This			room and threatened to have t	his	
	allegation was re	eceived via email from			nurse terminated if they report	ed	
	this nurse on 1/8	3/13.			it. This incident occured on		
	C. the Quality/	Risk Director was not			December 29, 2012, and was		
	· · · · · ·	ither of these allegations			reported to the surgical manag	er	
		ey were recently hired and			on January 8, 2013. The manager notified the COO by		
		•			email and the COO instructed	the	
	_	tation, he/she should have			manager to request an inciden		
		e of these allegations as			report from the nurse, which w		
	required by facil	ity policy and procedure.			provided on January 13, 2013.		
					The Quality Manager received	the	
	3. Personnel P3	was interviewed on			report on January 11, 2013 at		
	1/10/13 at appro	ximately 9:32 AM and			12:30. The matter was discuss		
		ne were not made aware			with the Medical Staff Presider	nt	
					who referred it to the Peer	· ot	
	of these two alle	gauons.			Review Committee to consider its March 13, 2013 meeting. Ir		
					addition, the Quality Risk	•	
					Manager will hold a meeting w	ith	
					thre anesthesia department		
					regarding the applicable policie	es	
					relating to the presence of an		

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 16 of 25

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2013 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		150166	B. WING		01/10/2013
NAME OF P	PROVIDER OR SUPPLIEF	· · · · · · · · · · · · · · · · · · ·		ADDRESS, CITY, STATE, ZIP CODE	
		•		ONNECTICUT DR	
PINNACL	LE HOSPITAL		CROW	N POINT, IN 46307	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		
				anesthesiologist in the surgica area and the requirement that	
				Hospital staff report deviations	
				from those policies as soon as	
				possible	
			1	I .	

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 17 of 25

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	Δ RIII	LDING	00	COMPL	ETED
		150166	B. WIN			01/10/	2013
			P		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				ONNECTICUT DR		
PINNACL	E HOSPITAL				N POINT, IN 46307		
		TATEL TENTE OF DEPLOYED GIFT	-		- , I	1	(77.5)
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	DATE
S1014	410 IAC 15-1.5-7	<u> </u>	+	1710			DATE
01014	PHARMACEUTIC						
	410 IAC 15-1.5-7						
		. ,					
	(c) In order to provide patient safety, the director of pharmacy shall develop and implement written policies						
and procedures for the appropriate selection, control, labeling, storage, use, monitoring, and quality							
	assurance of all of	lrugs and					
	biologicals.						
		and procedure review,	S10	14	Effective 2/15/13 the Hospital		03/12/2013
medical record review, and staff		eview, and staff			implemented a new Drug		
i	interview, the fac	cility failed to implement			Utilization Review policy to monitor and enforce compliance	20	
	written policies a	and procedures for the			with Hospital policies for control		
	appropriate contr	rol, use, and monitoring			use and monitoring of drugs.		
	of drugs according	ng to policy and			policy requires a quality monitor	or	
	•	of 5 (N2, N4, and N5)			to monitor appropriate control,		
	•	edical records reviewed.			use, and monitoring of drugs. The medical records will be		
	F				reviewed in accordance with the	ne	
	Findings:				Drug Utlization Review Policy.		
	i mamgs.				The medical records regarding		
	1. Policy No.: F	PHARA70 titled			Propofol will be reviewed daily		
	-	rage", revised/reapproved			determine compliance for unti		
		• • • • • • • • • • • • • • • • • • • •			such time as the records proper document the required	eny	
		ewed on 1/10/13 at			information (including dosage		
		0:40 AM, and indicated			and rate). 30 records or more		
		Policy section, "It is the			will be reviewed quarterly for		
		y] that medications will			compliance and reported to		
		fe manner and to meet all			the Anethesia Committee. The		
		and regulations with			Hospital is holding a mandator meeting no later than March 1		
	regards to drug s	torage and security."			with anesthesiologists to revie		
					the Hospitals Policies regarding		
	2. Policy No.: A	A-11 titled, "Anesthesia			drug control, use and monitori	ng	
Care Protocol", revised/reapprove	revised/reapproved			the following.1. Policy No:			
		ewed on 1/10/13 at			PHAR470 titled: "Medication		
	,				Storage."2. Policy No: A-11		

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 18 of 25

NAME OF PROVIDER OR SUPPLIER 150166 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR	
NAME OF PROVIDER OR SUPPLIER	
PINNACLE HOSPITAL CROWN POINT, IN 46307	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (EACH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMP	(X5) PLETION DATE
approximately 10:40 AM, and indicated on pgs. 6 & 7, under Practice Parameters and Procedures section, point 1.7., "The anesthesiologist shall keep a complete record for each operation where he is in attendance on the approved anesthesia form. The Anesthesiologist is responsible for the recording of all events taking place during the induction, maintenance of, and emergence from anesthesia, including dosage and duration of all anesthetic agents, other drugs, and intravenous fluids." A. N2: a. had a surgical procedure performed on 10/18/12, the following was removed by D1 for N2 at: i. 6:58 AM, one 100 ml vial of propofol 10 mg/1 ml. ii. 8:12 AM, one 50 ml vial of propofol 10 mg/1 ml. c. per Anesthesia Record dated 10/18/12: i. D1 was listed as the anesthesiologist.	

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 19 of 25

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPL	
		150166	B. WIN	G		01/10/	2013
NAME OF I	PROVIDER OR SUPPLIER	t			DDRESS, CITY, STATE, ZIP CODE		
DIN IN IA O	I E LIGODITAL				ONNECTICUT DR		
PINNACI	LE HOSPITAL			CROWN	CROWN POINT, IN 46307		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		imately 07:00 AM, 140					
		was administered.					
		ocumentation of rate and					
	total dosage amo						
	administered du	ring the surgical					
	procedure						
	B. N3:						
a. had a surgical procedure performed							
on 10/17/12, under monitored anesthesia							
care (with sedation) starting at 11:09 AM.							
b. per Omnicell Automated							
	Medication Dispensing Report dated						
	10/17/12, the fol	lowing was removed by					
	D1 for N3 at 11:	12 AM, one 50 ml vial of					
	propofol 10 mg/	1 ml.					
	c. per Anesth	esia Record dated					
	10/17/12:						
	i. D1 was lis	sted as the					
	anesthesiologist.						
	ii. no propot	fol was administered					
	during the surgion	cal procedure.					
	C. N4:						
	a. had a surgi	cal procedure performed					
	on 10/17/12, und	der monitored anesthesia					
	care (with sedati	on) starting at 11:29 AM.					
	· ·	ell Automated					
	_	ensing Report dated					
	_	lowing was removed by					
		47 AM, one 20 ml vial of					
	propofol 10 mg/	-					
		esia Record dated					
	10/17/12:	TOTAL TENEDIA MANNA					
	10/1//12.						l

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 20 of 25

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150166				(X3) DATE SURVEY COMPLETED 01/10/2013			
		150 100	B. WIN	_		01/10/	۷۱۱۵
	PROVIDER OR SUPPLIER	-		9301 C	DNNECTICUT DR		
PINNACI	LE HOSPITAL			CROWN	N POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	i. D1 was lis	sted as the					
	anesthesiologist.						
	_	imately 11:30 AM, 60 mg					
	of propofol was						
		ocumentation of rate and					
	total dosage amo	ount of propofol					
	administered du						
	procedure	- -					
	D. N5:						
	a. had a surgical procedure performed on 10/17/12, under monitored anesthesia care (with sedation) starting at 11:54 AM.						
	b. per Omnic	ell Automated					
	Medication Disp	ensing Report dated					
	10/17/12, the fol	llowing was removed by					
	D1 for N5 at 11:	47 AM, one 50 ml vial of					
	propofol 10 mg/	1 ml.					
	c. per Anesth	esia Record dated					
	10/17/12:						
	i. D1 was lis	sted as the					
	anesthesiologist.						
	ii. at approx	imately 12:00 PM, 60 mg					
	of propofol was	administered.					
	iii. lacked d	ocumentation of rate and					
	total dosage amo	ount of propofol					
	administered du	ring the surgical					
	procedure						
		nd N5 had propofol					
		ne Omnicell Automated					
	_	penser on the same date at					
	the same time by						
	anesthesiologist.	Their surgical					

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 21 of 25

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150166	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE S COMPLI 01/10/2	ETED
	PROVIDER OR SUPPLIER LE HOSPITAL		9301 C	ADDRESS, CITY, STATE, ZIP COI ONNECTICUT DR N POINT, IN 46307	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	therefore, the me was stored some Omnicell until the Also, patient N4 11:29 AM, proper approximately 1 removed from the AM. And, patient administered but Omnicell. 5. Medical Staff 1/10/13 via spear approximately 1 Clinical Officer confirmed, [anest Propofol prior to that day for color these vials into a during each patient them secure. Fact procedure is not to drug storage a documentation of the Also and the Also an	0:22 AM, with Chief present and listening and athesiologists] remove the surgical procedures on noscopies and we do put our pockets to be used ent's procedure to keep				

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 22 of 25

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150166		A. BUII	LDING	ONSTRUCTION 00	(X3) DATE (COMPL 01/10/	ETED	
	PROVIDER OR SUPPLIER LE HOSPITAL		B. WIN	9301 C	ADDRESS, CITY, STATE, ZIP CODE ONNECTICUT DR N POINT, IN 46307		
(X4) ID PREFIX TAG S1428	(EACH DEFICIEN REGULATORY OR 410 IAC 15-1.6-1	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) FRVICES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	as follows: (3) There shall be monitoring in accaceptable stand. Based on policy medical record rethe facility failed monitoring relaterate and total dosagents according for 3 of 5 (N2, Not medical records). 1. Policy No.: A Care Protocol", 15/2012, was reviapproximately 10 on pgs. 6 & 7, unand Procedures sanesthesiologist record for each cattendance on the form. The Anest for the recording during the induce emergence from	rvices shall be eds and resources, e intra-operative ordance with current ards of practice. and procedure review, eview and staff interview, I to ensure intra-operative ed to documentation of sage amount of anesthetic to policy and procedure (4, and N5) closed patient	S14	28	Effective 2/15/13 the Hospital implemented a new Drug Utilization Review policy to monitor and enforce compliant with Hospital policies for contruse and monitoring of drugs. policy requires a quality monitor to monitor appropriate control, use, and monitoring of drugs. The medical records will be reviewed in accordance with the Drug Utlization Review Policy. The medical records regarding Propofol will be reviewed daily determine compliance for untisuch time as the records propodocument the required information (including dosage and rate). 30 records or more will be reviewed quarterly for compliance and reported to the Anethesia Committee. The Hospital is holding a mandator meeting no later then March 1 with anesthesiologists to reviethe Hospital Policies regarding drug control, use and monitori including the following.1. Polic No: PHAR470 titled: "Medica Storage."2. Policy No: A-11 tit "Anesthesia Care Protocol."3.	ol, The or ne to l erly e y to ng cy tion	03/12/2013

State Form Event ID: BHMC11 Facility ID: 006619 If continuation sheet Page 23 of 25

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE		
AND PLAN	OF CORRECTION		A. BUILDING	00		LETED
		150166	B. WING)/2013
NAME OF P	PROVIDER OR SUPPLIER	2		ADDRESS, CITY, STATE, ZIP CODI	E	
DINNACI	LE HOSPITAL			ONNECTICUT DR N POINT, IN 46307		
				19 1 OHVI, HV 4030/		T
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL		(X5)
TAG	•	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	COMPLETION DATE
1710		igs, and intravenous	1710	New Drug Utilization Revi		DATE
	fluids."	igs, and intravenous		Policy. The Hospital is fo		
	muius.			an Anesthesia Committee		
	2 Review of cla	osed patient medical		medical staff on or before 12, 2013, that will meet que		
		13 at approximately		to review Drug Utilization	-	
	11:00 AM, indic			and related matters. In re	gards to	
	11.00 1 mil.	arra parient.		the specific issue of Propo		
	A N2 had a su	rgical procedure		and total dose documented be reviewed daily by the	ea, WIII	
		1/18/12, under general		Pharmacist to ascertain		
	anesthesia and at approximately 07:00 AM, 140 mg of propofol (10 mg/1 ml) was administered, and continued via drip			compliance is achieved.		
				Pharmacist will determine	•	
				deficiences are noted in the process. This information		
	beginning around 7:30 AM. This drip is			reported to Anesthesia	WIII DC	
		across the form		Committee and to Quality	Council	
		ely 09:00 AM. The		Committee.		
	* *	ord lacked documentation				
		dosage amount of				
		stered during the surgical				
	procedure.	5 5				
	_					
	B. N4 had a su	rgical procedure				
		/17/12, under monitored				
	anesthesia care (with sedation) and at				
	approximately 1	1:30 AM, 60 mg of				
	propofol (10 mg	/1 ml) was administered,				
	and continued vi	a drip beginning around				
	11:30 AM. This	drip is documented as				
	across	the form until				
	approximately 1	1:52 AM. The Anesthesia				
	Record lacked de	ocumentation of rate and				
	total dosage amo	ount of propofol				
	administered dur	ring the surgical				
	procedure.					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150166	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	(X3) DATE COMPI - 01/10	LETED
NAME OF PROVIDER OR SUPPLIER PINNACLE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	performed on 10 anesthesia care (approximately 1 propofol (10 mg and continued vi 12:00 PM. This amount across approximately 1 Record lacked detotal dosage amount administered durprocedure. 3. Medical Staff 1/10/13 via spea approximately 1 Clinical Officer confirmed, the in administered is a Anesthesia Record intravenous drip	2:24 PM. The Anesthesia ocumentation of rate and ount of propofol ring the surgical				

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